

Docket No.: 0171-1277PUS1  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Hideo SUZUKI

Application No.: 10/580,864

Confirmation No.: 7077

Filed: May 26, 2006

Art Unit: N/A

For: **SULFOXYALKYLTHIOPHENE AND  
PROCESS FOR PRODUCING THE SAME**

Examiner: Not Yet Assigned

**REQUEST FOR REFUND**  
**(IMPROPER CHARGE OF DEPOSIT ACCOUNT)**

MS 16  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

**I. REFUND REQUEST**

This is a request for a refund with respect to the charge to Deposit Account 02-2448 shown on the statement for the month of August 2007 for the above-identified

application  patent

A copy of the monthly statement in which the error referred to occurs, accompanies this request.

## II. FEES CHARGED FOR WHICH REFUND REQUESTED

	<u>AMOUNT OF REFUND REQUESTED</u>
<input type="checkbox"/> filing fee	_____
<input type="checkbox"/> search fee	_____
<input type="checkbox"/> examination fee	_____
<input type="checkbox"/> surcharge for filing the basic filing on a date later than the filing date of the application (37 C.F.R. § 1.16(e))	_____
and/or	
<input type="checkbox"/> surcharge for filing the oath or declaration on a date later than the filing date of the application (37 C.F.R. § 1.16(e))	_____
<input type="checkbox"/> extension of term	_____
<input type="checkbox"/> first month	_____
<input type="checkbox"/> second month	_____
<input type="checkbox"/> third month	_____
<input type="checkbox"/> fourth month	_____
<input checked="" type="checkbox"/> excess claims	<u>360.00</u>
<input type="checkbox"/> issue fee	_____
<input type="checkbox"/> petition fee	_____

patent maintenance fee

first maintenance fee

second maintenance fee

third maintenance fee \_\_\_\_\_

patent maintenance fee surcharge

Other:

**TOTAL REFUND REQUESTED** **\$360.00**

### III. EXPLANATION OF WHY CONTESTED CHARGE IS IN ERROR

We paid for 20 total claims with 6 being independent. We only have a total of 10 claims with 6 being independent. The multiple dependency of claim 5 was removed by way of the Preliminary Amendment filed concurrently with the new application.

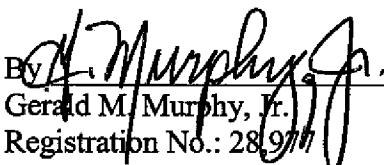
#### IV. MANNER OF REFUND

Please make refund by crediting Account No. 02-2448.

We respectfully request that the attached copy of this letter be returned to us with an indication that the credit has been processed.

Dated:

Respectfully submitted,

By   
Gerald M. Murphy, Jr.  
Registration No.: 28977  
BIRCH, STEWART, KOLASCH & BIRCH, LLP  
8110 Gatehouse Road  
Suite 100 East  
P.O. Box 747  
Falls Church, Virginia 22040-0747  
(703) 205-8000  
Attorney for Applicant



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**Deposit Account Statement**

<b>Requested Statement Month:</b>	August 2007
<b>Deposit Account Number:</b>	022448
<b>Name:</b>	BIRCH STEWART KOLASCH & BIRCH
<b>Attention:</b>	
<b>Street Address 1:</b>	8110 GATEHOUSE ROAD
<b>Street Address 2:</b>	SUITE 500 EAST
<b>City:</b>	FALLS CHURCH
<b>State:</b>	VA
<b>Zip:</b>	22042
<b>Country:</b>	UNITED STATES

Deposit Account Statement

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